

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>AS</i> | | 10/25/99 |
| O.I.P.E. CLASSIFIER | | 21 | 10/30/99 |
| FORMALITY REVIEW | | 71471 | 11/9 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
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